

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006229 1. Entity Name VISIONLOAN, INC.	
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Principal Place of Business 6724 COMMONWEALTH DR LOVES PK, IL 61111	Mailing Address 6724 COMMONWEALTH DR LOVES PK, IL 61111
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5240566	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000898974 04/28/08-80020-004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WOLFENBERGER, CASS 6724 COMMONWEALTH DR LOVES PK, IL 61111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS URNEZIS, MICHAEL 6724 COMMONWEALTH DR LOVES PK, IL 61111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FARONE, THOMAS 6724 COMMONWEALTH DR LOVES PK, IL 61111
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-10-08</u> Date	Daytime Phone # <u>815-713-2213</u> Daytime Phone #
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